BALTIMORE COUNTY PUBLIC SCHOOLS OFFICE OF PUPIL PERSONNEL SERVICES SHARED DOMICILE DISCLOSURE FORM

The undersigned do hereby attest that the parent(s)/guardian(s) of the child(ren) listed below are residing at the following address:

Street Address	City, State, 2	Zip Code	Home Phone Number
and request that the following sch Public Schools for the school yea	e (1	ed to enroll in the Baltimore County aseholder):
Name of Student	Date of Birth	School	G <u>rade</u>

It is understood that the information provided by the undersigned is accurate. Any attempt to falsify the above information shall result in withdrawal of the student(s), and the appropriate tuition charge shall be assessed for each student falsely enrolled in the Baltimore County Public Schools. Tuition fees are subject to revision by the Baltimore County Board of Education.

The above-named student(s) will be permitted to enroll in the Baltimore County Public Schools as long as the student(s) and parent(s)/guardian(s) are domiciled at the above-stated address. If a change in domicile occurs, the resident (homeowner/leaseholder) and parent(s)/guardian(s) MUST notify the school(s) immediately. If it is determined that false information has been provided or a change in domicile occurs and the school(s) is/are not notified, both the resident (homeowner/leaseholder) and parent(s)/guardian(s) whose signatures appear below shall be liable for the assessed tuition, in accordance with Board of Education Policy and Superintendent's Rule 5150, *STUDENTS: Enrollment and Attendance*.

It is further understood that in accordance with Superintendent's Rule 5150, the resident (homeowner/leaseholder) will provide proof of property ownership or current lease, and the parent(s)/ guardian(s) will provide a photo identification and three (3) <u>current</u> documents proving domicile at the above-stated address. Residency verification must be renewed each year that the student(s) and parent(s)/guardian(s) live in a shared domicile living arrangement.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief. Furthermore, I have received and read copies of Policy and Rule 5150.

Signature of Resident (Owner/Leaseholder)	Signature of Parent(s)/Guardian(s) of Student(s)	
Print Name	Print Name	
I hereby certify that on this day of,	I hereby certify that on this day of	
20, the above-named,, personally appeared before me and made oath in due form of the law that the foregoing facts are true and correct to the best of their knowledge, information, and belief, under penalty of perjury.	20, the above-named, personally appeared before me and made oath in due form of the law that the foregoing facts are true and correct to the best of their knowledge, information, and belief, under penalty of perjury.	
Notary Public	Notary Public	
Print Name	Print Name	
My Commission Expires	My Commission Expires	
DECISION: Approved Denied	Date esidency Assistant/Pupil Personnel Worker	

If approved, enrollment is for the 20_____ - 20_____ school year only, and only if the parent(s)/guardian(s) and child(ren) named herein reside at the address provided on this *Disclosure Form*. A new *Disclosure Form* must be filed each school year.

APPEALS: Must be made in writing to the Residency Liaison acting as the designee of the Executive Director of Student Support Services, Baltimore County Public Schools, 9610 Pulaski Park Drive, Suite 219, Baltimore, Maryland 21220, within 10 school days of the date of decision. A copy of this *Disclosure Form* signed by the residency assistant/pupil personnel worker must accompany the appeal.